

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	09/600837
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3							53	
4		3					54	
5		8					55	
6		8					56	
7		8					57	
8		8					58	
9		8					59	
10		8					60	
11		8					61	
12		8					62	
13		8					63	
14		8					64	
15		8					65	
16		8					66	
17		8					67	
18		8					68	
19		8					69	
20		8					70	
21		8					71	
22		8					72	
23	1						73	
24		8					74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	22						TOTAL DEP.	
TOTAL CLAIMS	24						TOTAL CLAIMS	